

[SCHOOL NAME]

Montessori Daycare & Preschool

[Address Line 1]

[Phone Number]

INVOICE

Date: [Date]

Invoice #: [000]

Due Date: [Date]

Parent/Guardian:

[Parent Name]

[Address Line 1]

Student Information:

Name: [Student Name]

Program: [Primary/Toddler/Infant]

Description	Billing Period	Amount
Monthly Tuition Fee	[Month, Year]	\$0.00
Materials & Supplies Fee	[Month, Year]	\$0.00
Extracurricular/Other Fees	[Description]	\$0.00

Subtotal: \$0.00

Late Fees/Adjustments: \$0.00

Total Due: \$0.00

Please make checks payable to [School Name].

"Help me to do it by myself." - Maria Montessori